Name in Full

Certificate of Death

Edward Beck

Died at Town Deer Neck County Kent. MARYLAND

Date 1899 Month Dec Day 28 | Age Y. 60 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married | Widow | Divorced

~~Female~~ | ~~Colored~~ | Single | Widower | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Paralysis | How long sick 4-4

Immediate | Accident, Suicide, Homicide

Reported by Enterprise 1-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Harry Biggs

Town

County Kent

Died at MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 9 8 4 | Age 49

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Enterprise 8-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name In Full

Wm Clarkson

Certificate of Death

Died at Town: near Fairmount County: Kent MARYLAND

Date 1899 Month: Aug Day: 19 | Age Y.: 10 M.: D.: 12 | Native of: maryland | Occupation: — —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: Wm Clarkson | Mother's Name: Anna maria

Cause of Death — Primary: 49 | How long sick: 1 day

Immediate | Accident, Suicide, Homicide

Reported by: Dr E. Ferguson 2nd Enclosure

Address: Chestertown Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Attended by Dr. 109 Home

of _____

Seen by Coroner _____

of _____

Information contained in this certificat
ceived from Wm Abraham C E Sergt
of Co Kentucky

Name in Full — Certificate of Death

William Conley Waverly

Town — County

Died at Locust Grove Kent MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Aug.	19	6	2	0	Md.	

Date 189 9 — Age

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / Widower — ~~Divorced~~ — Number of ~~children living~~

Husband / Wife of

Father's Name Wm. F. Conley — Mother's Name Minnie Moore.

Cause of Death — Primary: Epilepsy. 81 — How long sick 10 days.

Immediate — Accident, ~~Suicide, Homicide~~

Reported by H. Hordon Hillery

Address Kennedyville, Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 03966

Name in Full John E. Guisen

Certificate of Death

Died at Town, Fairlee County Kent MARYLAND

Date 189 Month Aug Day 7 | Age Y. 1 M. 7 D. | Native of Kent | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 1

Husband of
Wife

Father's Name James E. Guisen | Mother's Name Mary Guisen

Cause of Death: Primary 19 | How long sick two months

Immediate Malarial Fever | ~~Accident, Suicide, Homicide~~

Reported by John H. Keasey M.D.

Address Hunsonville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75P98

Name in Full (Nettie) (Anderson) Certificate of Death

Nettie Hinson

Died at Town: Melitota County: Kent MARYLAND

Date 189 9 | Month: August Day: 7 | Age: Y. 38 M. D. | Native of: Kent Co | Occupation: Domestic

~~White~~ Female | ~~Black~~ Colored | ~~Married~~ Single | Widow Divorced Widower | Number of children living 3

Husband of
Wife

Father's Name: Henry Hinson | Mother's Name: Mary Hinson

Cause of Death: Primary 92 | How long sick 10 days

Immediate Congestion of Lungs | ~~Accident, Suicide, Homicide~~

Reported by John H. Hessey M.D.

Address Hanesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

Name in Full

Certificate of Death

Andrew B Jumps

Died at Town: Butterchee County: Kent MARYLAND

Date 189 9 Month 8 - 10 Day | Age Y. 89 M. D. | Native of | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 2

Husband ~~Wife~~ of Elizabeth A. Jumps

Father's Name

Mother's Name

Cause of Death: Primary Cirtitis 102 — How long sick 10 days

Immediate Uremia — Accident, Suicide, Homicide

Reported by D. B. Willson

Address Edenville Kent Co. Md.

Must be signed by physician, If any in attendance, otherwise [illegible] oroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Drucy Lehley Haymon

Town: New Rock Hall — County: Kent — Died at — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Aug	5	5	8		Maryland	—

Date 189 4 — Age

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~

Number of children living 5

~~Husband~~ ~~Wife~~ of

Father's Name: Robert L. Haymon

Mother's Name: Amato J. Haymon

Cause of Death — Primary: Enteric Colitis — How long sick: 2 months

Immediate — Accident, Suicide, Homicide

Reported by: E B Williams

Address: Edenville Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name In Full

Certificate of Death

Henry R. Kraft

Died at Town Galena County Kent MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	8	7	87					

Male / ~~Female~~

White / Colored

Married / Single / Widow / Widower / Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Paralysis 44 — How long sick

Cause of Death — Immediate: — Accident, Suicide, Homicide

Reported by Enterprise 8-9

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full — Certificate of Death

George E. Leary

Died at Town: Rockhall County: Kent Co. MARYLAND

Date 189 9 Month: Aug. Day: 26 | Age Y. 63 M. 4 D. 8 | Native of Md. | Occupation Lumber Merchant

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living Two

Husband of ~~Wife~~ Mary Wright Sipes

Father's Name George Leary | Mother's Name Mary A Leary

Cause of Death — Primary: Paralysis 44 | How long sick 21 days

Immediate: Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Walter O. Selby M.D.

Address Rockhall Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Joseph Perry

Certificate of Death

Died at Wellington Town, Cunty Kent, MARYLAND

Date 189 Month March Day 11 | Age Y. 80 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living one

Husband of Wife Mary Perry

Father's Name Joseph Perry | Mother's Name Sarah Perry

Cause of Death: Primary Duration 22d | How long sick- Duration

Immediate Tuberculosis | ~~Accident, Suicide~~, Homicide

Reported by J. C. Hallett

Address Wellington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Helen E. Mann.

Town

Lynchburg

County

Kent.

MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899	8-16	Age		3-4	Md	

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband of
Wife

Father's Name: Samuel Mann. Mother's Name: Minnie Mann.

Cause of Death — Primary: 1382

Immediate: Jaundice,

How long sick

Accident, Suicide, Homicide

Reported by W. S. Maxwell,

Address Still Pond [redacted] Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

James Peregoy

Certificate of Death

Died at Town Chestertown County Kent MARYLAND

Date 189 Month 8 Day 17 | Age Y. 79 M. 10 D. - | Native of Baltimore City | Occupation Lumberman

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower | ~~Divorced~~ | Number of children living 2

Husband / Wife of ~~Sarah Buckman~~ Widower

Father's Name Nicholas Peregoy | Mother's Name Sarah Buckman

Cause of Death — Primary: Chronic Diarrhoea 83 | How long sick 3 Months

Immediate: Exhaustion | Accident, Suicide, Homicide

Reported by W. Frank Herres

Address Chestertown Md

Must be signed by physician, if any in attendance, ~~otherwise by Coroner, undertaker~~ or minister.

LIBRARY BUREAU, 10706

Name in Full

Mary Sims, Negro.

Certificate of Death

Town

Died at Sassafras

County

Kent

MARYLAND

Month Day Y. M. D.

Date 1899 Aug 6 Age 76

Native of Md.

Occupation Gen Servant

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living 2

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Bronchitis Chronic

Immediate 70

How long sick 7 years

~~Accident, Suicide, Homicide~~

Reported by H M Jeter, M.D.

Address Sassafras Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 68068

Name in Full — Alice Redden — Certificate of Death

Died at — Town: Chestertville — County: Kent — MARYLAND

Date 189 — Month: Aug — Day: 12 — Age: Y. 21 M. 0 D. — Native of: Md — Occupation: Servant

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of 22a

Father's Name: Lew Redden — Mother's Name: Mary Redden

Cause of Death — Primary: Don't Know. — How long sick: about an hour

Immediate: Tuberculosis — Accident, Suicide, Homicide

Reported by: J. C. Hackett

Address: Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Jane Redding

Died at — Town: Still Pond — County: Kent — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
8	21	76				

Date 1899 — Age

~~Male~~ Female — ~~White~~ Colored — Married ~~Single~~ ~~Widower~~ Widow ~~Divorced~~ — Number of children living 4

~~Husband~~ Wife of Thomas Redding,

Father's Name does not Know — Mother's Name Doil Know

Cause of Death: Primary — Dysentery, 84 — How long sick 10 days

Immediate — ~~Accident, Suicide, Homicide~~

Reported by W.S. Maxwell,

Address Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

J. Bevery Severson.

Certificate of Death

Died at Town Coleman. County Kent- MARYLAND

Date 1899. Month 8. Day 18. Age Y. 1 M. 1 D. Native of Md. Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Charles Severson Maryland

Mother's Name Sadie Crew Md.

Cause of Death: Primary Congestive Chill. How long sick 2 days.

Immediate 19 Accident, Suicide, Homicide

Reported by W.S. Maxwell.

Address Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79708

Name in Full

Certificate of Death

Wm Harrison Smith

Town: Near Chestertown | County: Kent Co | MARYLAND

Died at

Date 1899 Month Aug Day 29 | Age Y. 22 M. 2 D. — | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Wm G. Smith | Mother's Name Sarah Smith

Cause of Death — Primary: Consumption | How long sick: two years

Immediate | 22a | Accident, Suicide, Homicide

Reported by W H Kruse Undertaker

Address Still Pond Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Attended by Dr W.S. Maxwell
Did not attend to Still Pond
Dr Kelley of Kennedyville
Dr Hodkins of Chestertown
and Several others

Name In Full New Born Babe White

Certificate of Death

Died at Near Still Pond creek Town Kent-Co County MARYLAND

Date 1899 Month Aug Day 6

Age Y. x M. x D. 3

Native of -

Occupation —

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

Widow Widower

~~Divorced~~

Number of children living

Husband of Wife —

Father's Name Harry White

Mother's Name Elnora white

Cause of Death: Primary

Immediate Convulsions 49

How long sick

~~Accident, Suicide~~, Homicide

Reported by Wm H Kramer Undertaker

Address Still Pond.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596R

Name in Full

Certificate of Death

Howard Ernest Wilson

Died ~~at~~ in Town: Rock Hall County: Kent MARYLAND

Date 189 9 Month: Aug Day: 2 | Age Y. 7 M. 1 D. 19 | Native of Maryland | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living

Husband / Wife of

Father's Name: Alfred Wilson

Mother's Name: Matilda A. Wilson

Cause of Death — Primary: Gastro Enteritis — How long sick: 2 months

Immediate: § 2 — Accident, Suicide, Homicide

Reported by L. B. Wilson

Address Edesville Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706